CHECK-IN LIST (Equipment)

1. Incident Name:	2. Operational Period: (Date / Time)	3. Check-in Location:	CHECK-IN LIST(Equipment) ICS 211E-EPA
	From: To:	☐ Command Post ☐ _____ ☐ Staging Area ☐ _____	

Equipment Check-in Information				9. Initial Incident Check-In?		10. Time:	
4. Equipment Description:	5. Equipment Identifier:	6. Supplier/ Owner:	7. Assignment:	8. Contact Information:	(X)	In	Out
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11. Prepared by:		(Date/ Time)	12. Date / Time Sent to Resources Unit
Name/Position:	Signature:		

ICS 211E - EPA *(Rev 05/18)*